

	3
PROMOTE PROTECT PROSE	

PASSE Notice of Intent (NOI) for Stormwater Discharges trans007

CAN'S	Large and Small Construction Activities NPDES General Permit SCILLEGO COOR
PROMOTE PROTECT PROSPER	CHARLESTON OFFIC
For official use only	
File number: 1 0 - 27 - 1 2 - 23	
Permit number: SCR10 # 43 &	
Submittal package complete: 16° 15° 7,	
Public Notice Start Date (OCRM only): 10/19/07	7
Fobile Notice Staff Date (OCKIN Only). (477 774)	
Submission of an NOI constitutes notice that the entity identified in Section Lintends to be authorized.	Y≅
under SCR100000. Instructions on page 5.	
Date: 10-11-2007 Project/ Site Name: The Ponderosa Village Cent	er County: Charleston
Do you want this project to be considered for t	he Expedited Review Program (ERP)? Yes No (see instructions.)
	ory requirements or Low Impact Development? Yes No
 Project Information Project Owner/ Operator (Company or personnels) 	DN): 17 S Investments 11 C
Company EIN:[2]0]-[8] 1 3 0 5 7 0	Phone: <u>843-375-9255</u> Fax: <u>843-375-9274</u>
Mailing Address: <u>1165 Chuck Dawley Blvd, Suite</u> Permit Contact (if owner is company): <u>Mike V</u>	A City: Mt. Pleasant State: SC Zip: 29464 Washburn Phone: 843-375-9255
Mailing Address: 1165 Chuck Dawley Blvd, Suite	A City: Mt. Pleasant State: SC Zip: 29464
Email address (optional):	
Property Information A. Site Location (street address, nearest interest)	rsection, etc.): North of intersection of US Hwy 17 and Bonanza Road
City/ Town (if in limits): City of Charleston	Latitude: <u>32 ° 48′ 5"</u> N Longitude: - <u>80 ° 5′ 40"</u> W
Tax map # (list all): 307-00-00-007, 307-00 B. Property Owner: same as above	0-00-008, 307-00-092 Phone:
Mailing Address:	City: State: Zip:
III. <u>Site Information</u>	
A. Disturbed area (to the nearest tenth of a	n acre): <u>39.8</u> acres Total area: <u>44.8</u> acres Ian for Development or Sale (LCP)? <u>Y</u> es X No
LCP/ Overall Development Name:	Check here if this is the first phase.
Previous state permit/ file number:	Previous NPDES coverage number: SCR10
 C. Start Date (MM/DD/YYYY): 02/01/2008 D. Is this site located on Indian Lands? ☐ Yes 	Completion Date: <u>08/01/2010</u> 区区No If yes, name of reservation.
E. Type of Activity (check one):	☐ Commercial ☐ Industrial
☐ Institutional ☐ Residential: Single-formula ☐ Residential: Multi-fa	
F. Are there any flooding problems downstr	
G. Has S.C. DHEC issued a Notice to Comply	or Notice of Violation for this site or LCP?□Yes ≥No
H. Is any part of the property located inside If yes, list the MS4 operator or urbanized of	
	ermits or approvals applied for or obtained for this site (e.g., RCRA).
IV. Waterbody Information	
A. Nearest receiving waterbody(s)[RWB]: EII	iott Cut on Stono River Distance to nearest RWB (feet): 100
Classification of nearest RWB: SFH	Next/Nearest named RWB: Wapoo Creek
B. 1. Waters of the U.S./ State	On the site? Delineated/ Impacts? Amount of impacts Identified?
a. Jurisdictional wetlands	□Yes ☑No □Yes □No Ac
b. Non-jurisdictional wetlands	X Yes No Yes No Yes No 2.000 Ac
c. Other Water(s) List:	Yes No Yes No Ac Feet
	ct and activity, and list all permits (e.g., USACOE Nationwide permit, have been applied for or obtained for each impact.
Approximately 0.90 ac will be excavated for retention	on ponds and approximately 1.10 ac will be filled for multifamily housing.
Verification by the USACE has been applied for and	d a determination letter is pending.

will didin and the corresponding waterbod	ng station(s) [WQMS(s)] to which construction sto y(s).	ormwater (SW) discharges
a. If yes for 1, list the impairment(s). <u>C</u> b. If yes for 1, will the site's construction Tes. 12 No	is 303(a) List for impaired waters? Myes Mho Aquatic Lite Use partially supported due to BW discharges contain any pollutant(s) causin	- Ja-1. J (As)
d. If yes for b, will use of the proposed	ected by the pollutant(s) referenced in b. BMPs ensure that the site's discharges will not c tions for the impairment(s) listed in c? Yes WQMS(s)? Yes No	ontribute to or cause No
 b. If yes for 2, has the standard been a c. If no for b, will the site's construction \(\subset\) Yes \(\subset\) No 	stained for all impairment(s)? ☐ Yes ☐ No SW discharges contain any pollutant(s) causing sistent with the assumptions and requirements o	
☐ Yes ☐ No D. 1. Are S.C. Navigable Waters (SCNW) on the	ŕ	ALLIE HAIDE(2)4
a. If yes, list the name of the SCNW:		
C. It ves for b. then describe activities	over or occur in, under, or through the SCNW?	
LI Yes LI NO	V covered under a DHEC General Permit or oth	er DHEC permit?
e. If no for d, has an SCNW permit bee Yes, for all activities Yes, for so	n applied for or issued for the site?	
f. If yes for a or e, list permit number(s)	and corresponding activities.	
V. Operator Information		
A. SWPPP Preparer: Frank David Stevens	S.C. Re	gistration #:04156
Company/ Firm: Civil Site Environ me	ntal. Inc. (CSE)	S.C. COA #: 00 1 50
Mailing Address: <u>668 Marina Orive</u> Phone: (Day) <u>(843) 844-8445</u>	(Mobile) City: Charleston Sta	ote: SC Zip: 29491
Email address (optional): hitinch oc	suil siteemy com	3) 849 - 8974
B Operator of Day to Day Site & -thick - Is		
B. Operator of Day-to-Day Site Activities [C		n
Mailing Address:	City:Sta	ote: Zip:
Mailing Address: Phone: Site Contact (if ODSA is company):	Fax: City: Sto	ote:Zip:
Mailing Address: Phone: Site Contact (if ODSA is company): VI. Signatures and Certifications: DO NOT SIG	City: Sto Fax: Phone: Phone:	ate: Zip:
Mailing Address: Phone: Site Contact (if ODSA is company): VI. Signatures and Certifications: DO NOT SIC A. One copy of the SWPPP, all specifications and made a part of this application. I hav signifying that I accept responsibility for the belief that the design is consistent with the	City: Storms. Phone: Phone: Phone: SN IN BLACK INK! and supporting calculations, forms, and reports are placed my signature and seal on the design do e design of the system. Further, I certify to the best requirements of Title 48, Chapter 14 of the Code 00 et seq., and in accordance with the terms and ed in Section V.A.)	re herewith submitted cuments submitted of my knowledge and of Laws of SC 1974
Mailing Address: Phone: Site Contact (if ODSA is company): VI. Signatures and Certifications: DO NOT SIC A. One copy of the SWPPP, all specifications and made a part of this application. I hav signifying that I accept responsibility for the belief that the design is consistent with the as amended, pursuant to Regulation 72-30 SCR100000. (This should be person identified Check one. Image Engineer Tier B Surveyore.)	City: Storms. Phone: Phone: Phone: SN IN BLACK INK! and supporting calculations, forms, and reports are placed my signature and seal on the design do e design of the system. Further, I certify to the best requirements of Title 48, Chapter 14 of the Code 00 et seq., and in accordance with the terms and ed in Section V.A.)	re herewith submitted cuments submitted of my knowledge and of Laws of SC, 1976 conditions of
Mailing Address: Phone: Site Contact (if ODSA is company): VI. Signatures and Certifications: DO NOT SIC A. One copy of the SWPPP, all specifications and made a part of this application. I hav signifying that I accept responsibility for the belief that the design is consistent with the as amended, pursuant to Regulation 72-30 SCR100000. (This should be person identified Check one. Engineer Tier B Surveyor	City: Storms. Phone: Phone: SN IN BLACK INKI and supporting calculations, forms, and reports a replaced my signature and seal on the design do be design of the system. Further, I certify to the best requirements of Tile 48, Chapter 14 of the Code 20 of the seq., and in accordance with the terms and and in Section V.A.) Landscape Architect	re herewith submitted cuments submitted of my knowledge and of Laws of SC, 1976 conditions of
Mailing Address: Phone: Site Contact (if ODSA is company): VI. Signatures and Certifications: DO NOT SIGNA. One copy of the SWPPP, all specifications and made a part of this application. I have signifying that I accept responsibility for the belief that the design is consistent with the as amended, pursuant to Regulation 72-30 SCR 100000. (This should be person identified Check one. Engineer Tier B Surveyor Frank Dauri Stevens Printed name of SWPPP Preparer B. I certify under penalty of law that this docum accordance with a system designed to assess submitted. Based on my inquiry of the person for gathering the information, the information and complete. I am aware that there are soffine and imprisonment for knowing violated I hereby certify that all land-disturbing accomplished pursuant to and in keeping accomplished pursuant to and in keeping accomplished pursuant to fleatth and Environment the site at all times for the purpose of on site.	City: Storms. Phone: Phone:	re herewith submitted cuments submitted of my knowledge and of Laws of SC, 1976 conditions of 9156 S.C. Registration # direction or supervision in evaluate the information is sons directly responsible d belief, true, accurate, including the possibility this site shall be as and SCR100000. I also trant authorization to the ency the right of access to
Mailing Address: Phone: Site Contact (if ODSA is company): VI. Signatures and Certifications: DO NOT SIC A. One copy of the SWPPP, all specifications and made a part of this application. I hav signifying that I accept responsibility for the belief that the design is consistent with the as amended, pursuant to Regulation 72-30 SCR100000. (This should be person identified Check one. Example Engineer Tier B Surveyor Frank David Stevens Printed name of SWPPP Preparer B. I certify under penalty of law that this docum accordance with a system designed to ass submitted. Based on my inquiry of the person for gathering the information, the information and complete. I am aware that there are soffine and imprisonment for knowing violated I hereby certify that all land-disturbing accomplished pursuant to and in keeping accomplished pursuant to and in keeping accomplished pursuant of Health and Environment the site at all times for the purpose of on site inspections following the completion of the	City: Stores. Phone: Phone:	re herewith submitted cuments submitted of my knowledge and of Laws of SC, 1976 conditions of 9156 S.C. Registration # direction or supervision in evaluate the information sons directly responsible d belief, true, accurate, including the possibility this site shall be and SCR100000. I also trant authorization to the ency the right of access to a perform maintenance concepts. Reg. 61-9 for signatory

NPDES CGP Fee Schedule B

(Beaufort, Berkeley, Charleston, Colleton, Dorchester, Georgetown, Horry, and Jasper Counties)

This schedule should not be used for projects reviewed by a delegated entity or MS4 operator.

If you are completing the fillable version of this form and if the **County** and **Disturbed Area** fields are correctly filled out on page. I of this form, the fees in the right-hand column will be automatically entered based on your answers to the questions below. This schedule should be attached to DHEC Form 2617. Do not send payment in window envelope. DO NOT MAIL CASH. DHEC will notify the Project Owner/ Operator if the submitted check or credit card payment cannot be processed. The review clock will start when acceptable payment is received and after the project is deemed consistent with the S.C. Coastal Zone Management Plan.

, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1. Is this project located within ½ mile of a RWB (item IV.A)? 🖾 Yes 🗀 No	
If yes, proceed to item 2. If no, proceed to item 3.	.
2. a. Will this project or LCP (item III.B) ultimately disturb more than 0.5 acre? Yes No If yes, enter \$125 in right-hand column and proceed to 2b. If no, see OCRM-SPWS for	\$00
"Small Project Requirements in Coastal Counties" and proceed to 2c.	
b. If yes for 2a, is this project exempt from S.C. Reg. 72-300 et seq? Yes No	
If yes for 2b, review fees are not initially required*; proceed to item 4.	
If yes for 2a and no for 2b, enter review fees of \$100/ disturbed acre (from item III.A on page 1)	\$00
in right-hand column. The review fees cannot exceed \$2000. Proceed to item 4.	
c. If no for 2a, does this project meet the criteria of categories a, d, or e listed in the "SCCI	
Requirements" section of the instructions (page 6)? Yes No	f 00
If no for 2a and yes for 2c, enter \$125 in the right-hand column. Then, enter review fees of \$100/ disturbed acre (from item III.A on page 1) on this line in the right-hand column and	\$ 00 \$ 00
proceed to item 4.	Ψ 00
3. a. Will this project or LCP (item III.B) ultimately disturb 1 or more acres? Yes No	\$ <u>95</u> .00
If yes, enter \$125 in right-hand column and proceed to 3b. If no, coverage under SCR100000	,
is not required; see OCRM-SPWS for "Small Project Requirements in Coastal Counties".	
b. If yes for 3a, is this project exempt from S.C. Reg. 72-300 et seq.? ☐ Yes ☒ No	
If yes for 3b, review fees are not initially required; proceed to item 4.	# 3.4M OO
If yes for 3a and no for 3b, enter review fees of \$100/ disturbed acre (from item III.A on page 1) in right-hand column. The review fees cannot exceed \$2000. Proceed to item 4.	\$ <u>3440</u> .00
4. Total Required Fees	
Add the values in the right-hand column. Maximum required fees are \$2125. DHEC will not	
review this project until all required fees are received. Total Required Fees	: \$ <u>3135</u> .00
* If DHEC will review the project, then DHEC will notify the Project Owner/ Operator in writing within receipt of the complete NOI and request review fees.	n 20 days of
Boumont by Chaple	
Payment by Check; Make sure check is signed and is less than 60 days old. The check must be for the entire amount of re	equired fees.
	1
STAPLE CHECK HERE	
STATE STEEK	
Make check navable to S.C. DUEC	
Make check payable to S.C. DHEC.	
	<u>-</u>
Payment by Credit Card:	
Fill out the information below. Credit card payments must be processed by the applicant online at	
http://www.scdhec.gov. Upon receipt of the NOI, OCRM will provide a memo to the applicant conto	
directions for processing application fees online and specific invoice numbers necessary for online	payment.
Name as it appears on Card: Phone:	
Mailing Address: City: State:	7in:
Name as it appears on Card: Phone: Mailing Address: City: State: Type of Card: Visa MasterCard Discover Authorized Signature:	ip
or official use only: Invoice Numbers YE YAZV	



